



**PRIOR WRITTEN NOTICE/
CONSENT FOR EVALUATION**

I agree to have the following agencies/service providers provide an evaluation/assessment to determine AzEIP eligibility (please check all that may apply):

<input type="checkbox"/> AHCCCS/ALTCS	<input type="checkbox"/> Physician
<input type="checkbox"/> Local School District	<input type="checkbox"/> Therapist
<input type="checkbox"/> Service Coordinator	<input type="checkbox"/> DES Division of Developmental Disabilities
<input type="checkbox"/> Developmental Services Provider	<input type="checkbox"/> Arizona State Schools for the Deaf and the Blind
<input type="checkbox"/> Newborn Intensive Care Program	<input type="checkbox"/> DES/Administration for Children Youth and Families
<input type="checkbox"/> Early Intervention Service Provider	<input type="checkbox"/> Other: _____
<input type="checkbox"/> County Department of Health	<input type="checkbox"/> Other: _____

Please check all that apply:

☐ By my signature below, I authorize the agencies/service providers that I have checked to evaluate, assess and discuss my child, _____ (name), _____ (date of birth). The purpose of the evaluation, assessment and/or discussions will be to determine AzEIP eligibility, and to identify my child's unique strengths and challenges, and our family's resources, priorities, concerns and interests, as the basis for the discussion and determination of supports and services.

☐ I understand that the representatives of these agencies are professionals who are committed to respecting the confidentiality of information about my child. They are bound to limit the use of that information to assist my child and family only to the extent that I authorize their assistance.

☐ In order to complete my child's evaluation, the following records may be requested and reviewed:

<input type="checkbox"/> Initial Planning Process packet	<input type="checkbox"/> Medical records	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Screening results	<input type="checkbox"/> Evaluation records	

☐ I understand the evaluation includes:

- 1) a review of my child's medical and developmental history;
- 2) a review of my child's current health status;
- 3) an assessment of overall development which may be based on observation and interaction with my child, a standardized developmental tool, or an individual assessment of specific areas of development;
- 4) an assessment of the unique developmental strengths and challenges of my child; and
- 5) a written summary of the evaluation.

☐ I have reviewed the Arizona Early Intervention Program, Procedural Safeguards for Families Booklet.

☐ I understand that I do not have to agree to grant this permission, and that if I do, I may withdraw my permission at any time; and that my permission will automatically expire one year from the date of this signing.

Parent/Surrogate Signature

Date

Parent/Surrogate Signature

Date

Information that I do not wish to have shared: _____

Copies to: Child's File, Family, Service Coordinator